

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 MAY 29 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000061986**

1. Entity Name

ComS.I.T., Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7431 114th Avenue North

Suite, Apt. #, etc.

Suite 101

City & State

Largo, FL

Zip

33773

Country

USA

3. Mailing Address

7431 114th Avenue North

Suite, Apt. #, etc.

Suite 101

City & State

Largo, FL

Zip

33773

Country

USA

2002-2003 UBR

4. FEI Number

59-3730479

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Derek Morgenstern

Street Address (P.O. Box Number is Not Acceptable)

7431 114th Avenue North Ste 101

City

Largo

FL

Zip Code

33773

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Clark Mingo

Derek Morgenstern

4/30/03

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Christian Meier
7431 114th Ave N. Ste 101 Largo FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING Director
Derek Morgenstern
12091 Ridge Rd. Largo, FL 33778**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clark Mingo

4/30/03

Date

727 490-2800

Daytime Phone #

CR2E034B (12/02)